D Neuro Parkinsons Disease

| Record ID | |
|---|--|
| 1. Gold Standard Diagnosis Does the patient meet the diagnostic criteria presence of: | for Parkinson's Disease (Parkinsonism) based on |
| Category 1 - Parkinsonism | ☐ Bradykinesia ☐ Tremor ☐ Rigidity |
| Category 1 Criteria Met | |
| Category 2 - Exclusion criteria | □ Cerebellar abnormalities □ Supranuclear gaze palsy □ Diagnosis of behavioral variant of frontotemporal dementia or primary progressive aphasia within 5 years of disease onset □ Parkinsonian features restricted to the lower limbs for more than 3 years □ Treatment with a dopamine receptor blocker or dopamine depleting agent consistent with drug-induced parkinsonism □ Absence of a response to high-dose levodopa despite at least moderate disease severity □ Cortical sensory loss, clear limb ideomotor apraxia, or progressive aphasia □ Normal functional imaging of the dopaminergic system ("DAT scan") □ Diagnosis of alternative condition causing parkinsonism which could be causing the symptoms |
| Category 2 Criteria Met | |
| Category 3 - Supportive criteria | ☐ Clear beneficial response to dopaminergic therapy ☐ Presence of levodopa-induced dyskinesia ☐ Rest tremor of a limb ☐ The presence of either olfactory loss or cardiac sympathetic denervation on MIBG scintigraphy (although the latter is rarely done in current practice) |
| Category 3 Criteria Met | |
| Does the patient meet the diagnostic criteria for Parkinson's Disease (Parkinsonism) based on the criteria above? | |

₹EDCap°

projectredcap.org

06/07/2024 10:09am

| 2. Disease Type | |
|---|---|
| Specify the subtype of Parkinson's Disease in the patient: | ○ Idiopathic Parkinson's Disease (IPD) ○ Multiple System Atrophy (MSA) ○ Progressive Supranuclear Palsy (PSP) ○ Corticobasal Degeneration (CBD) ○ Dementia with Lewy Bodies (DLB) ○ Other Parkinsonism or Atypical Parkinsonism ○ Not Sure / Undetermined |
| If you selected "Other Parkinsonism or Atypical Parkinsonism", please specify: | |
| 3. Etiology | |
| What is the suspected or known etiology of Parkinson's disease in the patient? | ○ Idiopathic (unknown cause)○ Familial Parkinson's Disease○ Environmental factors |
| If you selected "Familial Parkinson's Disease", please specify the genetic mutation if known: | |
| If you selected "Environmental Factors", please specify if known: | |
| 4. Disease Severity | |
| What is the current stage/severity of Parkinson's disease in the patient? • Hoehn and Yahr Scale: | Stage 1 (Unilateral involvement only) Stage 2 (Bilateral involvement without impairment of balance) Stage 3 (Bilateral involvement with mild to moderate impairment of balance) Stage 4 (Severe disability but still able to walk or stand unassisted) Stage 5 (Wheelchair-bound or bedridden unless aided) |
| 5. Motor Assessment | |
| Please provide scores or results from validated cognitive assessment tools: | ☐ Unified Parkinson's Disease Rating Scale (UPDRS)☐ Other motor assessment tool |
| Unified Parkinson's Disease Rating Scale (UPDRS) | Part I (Intellectual function, mood, behavior) score Part II (Activities of daily living) score Part III (Motor Examination) score Part IV (Motor complications) score |
| Part I (Intellectual function, mood, behavior) score: | |
| Part II (Activities of daily living) score: | |
| Part III (Motor Examination) score: | |

₹EDCap°

| Part IV (Motor complications) score: | |
|--|---|
| If you selected "Other motor assessment tool", please specify: | |
| 6. Non-Motor Symptoms | |
| Are there significant non-motor symptoms associated with Parkinson's disease in the patient? | YesNo |
| If you selected "Yes", please specify: | |
| 7. Treatment Obtained | |
| Has the patient undergone any treatment for Parkinson's disease? | ○ Yes ○ No |
| Yes | ☐ Medications☐ Non-pharmacological interventions |
| Medications: | □ Levodopa□ Dopamine agonists□ MAO-B inhibitors□ Amantadine□ Other |
| If you selected "Other", please specify: | |
| Non-pharmacological interventions: | ☐ Physical therapy ☐ Occupational therapy ☐ Speech therapy ☐ Deep Brain Stimulation (DBS) therapy ☐ Other |
| If you selected "Other", please specify: | |

